



**CITY of MINNEAPOLIS
EMPLOYMENT & TRAINING
Train-to-Career
COST REIMBURSEMENT
INVOICE**

CITY USE ONLY	
VE # _____	PO # _____
UT ACCT # _____	CODE _____
INV# _____	DATE _____
VO# _____	LOC # _____ SPC _____
AP CLERK _____	DATE PD _____

SUB-RECIPIENT:		INVOICE #
ADDRESS	MASTER CONTRACT #	FAN #
	FAN PERIOD FROM: TO:	
CONTACT PERSON/PHONE NUMBER	INVOICE PERIOD FROM: TO:	

DESCRIPTION Supporting documentation required for all invoiced expenses	FAN BUDGET	PRIOR PERIOD COSTS	COST THIS INVOICE PERIOD	CUMULATIVE TOTAL
1. Service Related Expenses	\$	\$	\$	\$
2. Support Services	\$	\$	\$	\$
3. Total Expenses				\$
NET PAYMENT-THIS INVOICE				\$

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious or fraudulent information or omission of any material fact may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

PREPARED BY: DIRECTOR OF AGENCY:

SIGNATURE/DATE: SIGNATURE/DATE:

CITY USE ONLY		
INVOICE #	TOTAL AMOUNT APPROVED: \$	DATE:
APPROVED BY MINNEAPOLIS EMPLOYMENT & TRAINING		DATE: